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Universal Coverage experience of Thailand

Dr. Winai Sawasdivorn

Secretary General

National Health Security Office

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Preparation Stage

Do	Don’t
Do research √ Use local researcher √ Design according to Local context √ Capacity strengthening of national health systems researchers **Conduct pilot projects** √ To test the systems √ Get more evidence from different contexts √ Evidence for implementation	X Copy other countries X Implement by intuition, without evidence support X Don’t trust consultant too much, do believe in your own evidence and political organizational culture

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Financing (1)

Collecting

Do	Don't
√ Compulsory SHI for formal private sector employee	X Voluntary insurance can never achieve UC
√ General tax for public servant and rest of population	X Out of pocket
+/- Earmarked tax	X Contributory scheme for informal sector: high cost to collect premium, difficult to enforce enrolment

Financing (2)

Pooling

Do	Don’t
√ Regional or National √ Thailand choose national pool through general tax	X Too small population no enough risk sharing pool

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Financing (3)

Benefit package

Do	Don’t
√ Comprehensive package: covers OP, IP, A&E, P&P, high cost, rehabilitation, dialysis, ART etc. √ A small number of negative list e.g. cosmetic surgery √ Based on evidence of cost effectiveness	X Allow additional charges by providers for which results in two tiers services

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Financing (4)

Purchasing

Do	Don’t

√ Close ended payment:

- √ For SHI: inclusive capitation for OP and IP,
- √ For UC scheme:
  - √ Capitation for OP and prevention, health promotion;
  - √ global budget + DRG for IP ,

X Open ended payment: e.g. fee for service, per day of admission,

- X Stimulate supplier-induced demand
- X Fee for service with high copay results in household catastrophic health expenditure

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Information Technology

Do	Don't
√ Harmonization of three public insurance schemes, as beneficiaries cross schemes √ Beneficiary registration √ Provider registration √ Electronic transfer of funds √ Strong ground DRG development √ E-patient records √ Maximize use of information and evidence for decisions	X Implement UC using paper work transaction

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Health Services Delivery

Do

- √ Purchase services from a contractor network in particular district health systems (DH, HC)
- √ Strengthen primary care as gate keeper [budget holding for OP]
- √ Develop comprehensive referral system
- √ Private partnership through contractual agreement

Don’t

- X Direct contact to tertiary care or specialist

Governance System

Do

- √ Enact a Law on National Health Security
- √ Purchaser provider split
- √ Multi-partner governance board,
- √ Evidence based culture
- √ Hotline for and transparent mechanism to handle complaints
- √ No-fault liability payment to compensate medical adverse events
- √ Balance interests between members and healthcare providers

Don't

- X UC scheme should not governed by bureaucratic Department

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Enabling factors for Thai UC

1. Political commitment – policy agenda setting
2. Evidence based policy formulation
3. Existing functioning primary healthcare, close to client services, easy access by rural populations
   - Result in equitable utilization and benefit incidence
4. Government effectiveness in scaling up and sustaining UC scheme
5. High capacity on information systems: enabling monitor, evaluate and continued systems fine tuning
6. Champion of Thai UC

Dr. Sanguan Nittayarumpong

The first Secretary General of National Health Security Office